



## Case report

## Custody suicide with washrag: A case report with clinical and custodial consideration

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## ABSTRACT

Custody or prison suicides with a washrag are rather unusual and few case reports present in the forensic literature. Completed suicide by using a washrag without the awareness of custody supervisors and medical staff ought to draw attention to related personnel. We report a case of suicide where the victim was a suspect with criminal cases, who had been put behind bars in local custody. However, the next day the man was found in an unconscious state and scant of breath. After admission and first-aid treatment, the victim was pronounced dead. Significantly, a half-piece of washrag was found blocked in his laryngeal cavity, inosculating with another piece concealed in his underpants. The psychological condition of criminal offenders is extremely complicated and varies with each individual. Effective administration and moderate counseling are not mutually exclusive with each other and both should afford the criminals a sense of calmness to face consequences.

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## 1. Introduction

Custody suicide is described by that one ends his life with deliberate, violent methods while under arrest. As regarding the manners of death, suicide occupies the major part in Western countries while in China suicide ranks second after disease. Thus, suicide committed with a washrag instead of the common fall from a height or trauma<sup>1</sup> seemed especially unexpected in reported incidents and few literatures mentioned.

A case of suicide by a half-piece of washrag swallowed by a male suspect in custody who was wearing a pair of handcuffs was reported. Finally, the man was confirmed dead after failed emergency treatment. This presentation is aimed to draw the attention to the emergency department personnel and custody supervisors.

## 2. Case report

The deceased, a 33-year-old man, had been reported to be arrested for case interrogation to the custody at the local police station on 12 July 2011. In the early hours of the next day morning, the

suspect was found in an unconscious state on the ground, with severe polypnoea symptoms. Then the suspect was sent to emergency department for first-aid treatment, and was pronounced dead later.

The suspect was held in a 20-sq.-m room. The room only has one bunk bed, one desk and two chairs. There was a long passageway outside the door of the room. The scene examination did not reveal many serviceable findings. Significantly, there was a piece of washrag concealed in his underpants, unfolding to reveal a dimension of 36 × 16 cm. The colour of the washrag was white, with an orange margin.

At autopsy, external examination revealed slightly petechial haemorrhages on both eye conjunctivae. It was by visual indication that cyanosis was found on lips and fingers, and ring-shaped haematocyanosis cicatrices present on both wrists. There were two points of injection on the left cubital fossa and left back of hand and no co-existing wounds suggestive of resistant behaviour. Internal examination showed that there was a piece of cloth obstructing at the laryngeal cavity above the vocal cord. After unfolded, it was found to be a half-piece of white washrag with an orange margin, with a dimension of 36 × 16 cm. In addition, both margins and patterns of two pieces of washrags were inosculated with each other. It was obvious that both lungs showed dirty red tumescence and the tangent plane was mahogany. A 4 × 4 cm haemorrhage area could be seen in the mesentery.

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The remainder of the autopsy showed no abnormality, with no morphologic evidence of pre-existing disease, and any co-existing injuries or hesitation injuries.

The cause of death was attributed to a mechanical asphyxia resulting from washrag obstruction to the laryngeal cavity and the manner of death was ruled as suicide.

## 2. Discussions

Anoxia is regarded as a main cause of mechanical asphyxia, as it has been reported in this case that the washrag blocked up the laryngeal cavity to such an extent that led to the impediment of respiratory ventilation and aeration, which reduces the arterial blood oxygen rate and content. Ultimately, the suspect died of hypoxia.

At autopsy, we found that there was a half-piece of white washrag with an orange margin in his underpants, fitting close to the one obstructing at the laryngeal cavity. Physical evidence assay proved that originally it was an intact washrag that was torn by the suspect, one piece crammed into his underpants and the other used to commit suicide.

In general, the suicide method employed by suicidal inmates leading to suicide behaviours are ranged over many manners, yet death due to asphyxia caused by extraneous matters blocking the respiratory tract is a rather rare event. As the obstructed region, the laryngeal cavity is regarded as a hidden location for external examination in general. However, the suspect committed suicide as mentioned above by wearing handcuffs without awareness of custodial officers and first-aiders. But for the autopsy, it would be troublesome for the cause and manner of death discovery, which was the focal point that drew the attention to them.

Prison is an extraordinarily unusual environment.<sup>2</sup> Criminal offenders are arrested for a variety of illegal reasons and then held in custodies, prisons or other correctional facilities. A rigorous interrogation process and particular ambience have been prone to engender manifold negative emotions such as anxiety, tenseness, anger, depression and sorrow. As an independent risk factor of self-injury ideation,<sup>3</sup> numerous accumulations of undesirable sentiments are of typical cases of self-mutilation and suicide behaviour, which begin during the time in prison. Especially in China, nowadays the distinguishing feature of custodies and jails is that the number of inmates increases with years gradually on account of improvement in legislation, while police numerical strength seems to be scanty relatively. Under these circumstances, once the unusual death came forth in custody, which would be defined as supervision deficiency. On the other hand, the public awareness of law using was rising for the legitimate rights protection; as a result, such conditions could be accused of dereliction of duty with a heavy sentence. Consequently, the real-time monitoring of the prisoners' anxious state of mind will be required.

Objectively, jail and prison suicide prevention should be known from primary measures; and secondary measures relied on the

generating of suicide ideation. As for the former, it should include environment improvement of the prison cell, training programme regarding suicide behaviour for correctional staff, policy adjustment with more humanisation provision, etc.<sup>4–6</sup> For the latter, since the inmate was observed or identified at risk, he should be supervised rigorously by monitor screening against further developments. Moreover, daily communication, even moderated psychotherapy provided by a qualified psychiatrist in correctional facilities, ought to be accepted in case of unexpected accidents.<sup>7,8</sup> Besides all this, if a sudden accident takes place, it behooves trained correctional staff to determine whether it pertains to a suicide attempt or just an acute disease, and then provide proper first aid till the arrival of emergency health staff.<sup>8</sup>

As a conclusion, environment amelioration and mental adjustment should be worked out and completed by policy makers and mental-health professionals gradually for inmates; and for correctional staff, required training on first-aid treatment about suicide and appropriate means of communication may be highly effective in prevention of such a typical suicide.

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### Conflict of interest

None.

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